MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Pages 1 urs after Queen Anne's County Maryland Queen Anne's MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a R.F.D. Chestertown. Md. Lifetime R.F.D. Chestertown. Maryland Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE DN A FARM? At Home YES NO 4 etely carbon 3. NAME DE First Middie Last 4. DATE Month Day DECEASED comple (Type or print) John Henry Ashlev DEATH 6 19 66 executed DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED T NEVER MARRIED last birthday) Months I and WIDOWED DIVDROED Male Colored 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Queen Anne's. Md. Work for State U.S.A. Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pharmit. Then John W. Julia Unknown Ashlev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address transit permit. (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Mae Ashley R.F.D. Chestertown. M 2-16-7882 Yes the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL DETW ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, **DUE TO** Conditions, if any, which gave rise to immediate the DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? certificate NO YES 6 DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the detact of 1 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) (County) factory, street, officebidg., etc.) Hour a.m. After Id be d Not While at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should fed with the LM, from the causes and on the date stated above. saw the deceased alive on. 19 4 and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING page DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Sudlersville, Maryland Metcalfe 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF BUREMOVAL (Specify) 2 966 Mt.Pleasant Cem. Near Grumpton, Md. FUNEBAL DIRECTOR ADDRESS REC'D BY REGISTRAR L 25b. REGISTRAR'S SIGNATURE Chestertown. Md. VR A15 (4) DATE 20M 1/65

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
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hours after death.		1.	PLACE OF DEATH Queen Anne	MARYLAND	2. USUAL RESIDENCE a. STATE ary	(Where deceased lived, If Institution b. COUNTLE	tion: Residence before admission) een. Anne		
urs aft	Pag S		b. CITY OR TOWN (If outside corporate limits write RURAL and the nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	cutside corporate limits, write in the ster.	17-1		
E,	filled in papers.		d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO		
l withir	of completely filled flowe carbon papers by event, within 72	3.	NAME OF DECEASED (Type or print) Harrison	Tucker	Hopkins	4. DATE Month OF DEATH June	5 1966		
xecuted	en signed by the attending physician a e burial-transit permit. Then please to burial, cremation, or removal, and in-	1	Tale White WIDO		Feb. 21, 1886	8 dast birthday) Mo	nths Days Hours Min.		
e pe e		aur	USUAL OCCUPATION (Give kind of work done) 1 m most of working the swen lateline by	Ob. KIND OF BUSINESS OR INDUSTRY	(hester,	Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
ertificat			FATHER'S NAME William Henry Harrison			NNAME Elizabeth Atve	и		
eath ce		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (, no. or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17. 213-16-4702 Wm.	INFORMANT Thomas——Ch	rester, Marylan	d		
that the death certificate be executed within sician.			18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).] The Coronary	y occlus	ion	INTERVAL BETWEEN ONSET AND DEATH Grace 5. 1961		
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The law	this certificate has be detached for use as the Dept. of Health prior	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOTRELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
ICIAN: ospital	ched fo	1	208. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of It	em 18.)		
G PHYSICIA by the hospi	IRECTOR: After is a should be a with the State	MEDICAL	Hour a.m.	while Not While factor at work	CE OF INJURY (Home, far ry, street, office bldg., etc	m, 20f. (City or town)	(County) (State)		
TTENDI			21. I certify that (I) (this hospital) attended the deceased from Wwith 10, 1961, to wife 5, 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 215 M, from the causes and on the date stated above.						
38			2220. SIGNATURE THEODOX JUSTIANUS M.D. ATTENDING MED. DIRECTOR PHYS. June 6, 1966						
TO HOSPITAL	uld be			Sattelmaier	22d ADDRESS Levensu				
TO H	Shoots Shoots	238	BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) BURIAL FUNERAL DIRECTOR	Stevensville		Stevensville O BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b.			
	A15 (4)	-	agail of fame	Church Hill,	Md. DATE U		earles Judge		

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160		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
# 8 WE		08937 CERTIFICATE OF DEATH						
24 hours after death. filled in by the funeral appers. Pages 1 and 2 hours after death.	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	Residence before admission					
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nours I in by S. Pa hours	_	Sud Erzs VILE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	17-1					
		MISS Kittus Nursing Home. d. Street address) d. Street ADDRESS 307 N. Commerce	e. IS RESIDENC ON A FARM? YES NO					
requires that the death certificate be executed within ding physician. been signed by the attending physician apd-completely the burial-transit permit. Then please remove carbon por to burial, cremation, or removal, and in any event, within or to burial, cremation, or removal, and in any event, within or to burial, cremation, or removal, and in any event, within the control of t	3.	NAME OF PIrst Middle Last 4. DATE Month	Day Year					
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# 8 # 8 # B		M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIVE	ne 28, 1960					
O HOSPITAL OR ATTENIO O PUNERAL DIRECTOR. director, page 3 should be filed with the		22c. PHYSICIAN'S NAME (Type) C. R. Layton 22d. ADDRESS Centreville in	ed .					
Page 4 may by TTO FUNERAL Of Girector, page should be file	238	BURIAL CREMATION, 23b. DATE THEREOF 23c., NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or A BURIAL (Specify) JUNE 29.1966 CHESTERFEID (ENTREVILLE)	punty) (State)					
to (94 6	FUNERAL DIECTOR O A Q ADDRESS M 1 125a. RC'D SY REGISTRAR 25b. REGISTRAR	4 0					
VR A15 (4) 20M 1/65	7	myld, Bartage, 13am Stro, Calcurate, Muyles pared UN 3 0 1966 your	as Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTA hours after re carbon papers. Pages 1 event, within 72 hours after the MARYLAND b. CITY DR TDWN (if outside corporate limits, C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR write RURAL and give nearest town) UEENSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? ND 1 YES completely 3. NAME OF First Middle DATE Last 4. Month Day Year DECEASED DF 22 6 1966 (Type or print) OMAS DEATH executed 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months | Days WIDDWED ... DIVORCED [8 10b. KIND OF BUSINESS OR 10a. USUAL DCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) SEIP Employ ETRED STOCK BROKER death certificate 13. FATHER'S NAME attending phermit. Then remova hemas Datayette 16. SOCIAL SECURITY NO. transit permit. 17. (Yes., no. or unkown) | (If yes give war or dates of service) OX WWI 0100 the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN transit recuires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed tine the burian the burian burian, r col. DUE TD Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has Se (c) The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES NO [PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 10 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) detached MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bidg., etc.) Hour 8. m. After While Not While p.m. 19 at work at work retained 0 should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. 1966 saw the deceased alive on and that death occurred at DATE SIGNED 22a. SIGNATURE 22b. 4 may be page ATTENDING M.D. DIRECTOR PHYS. PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS pe director, plnous BURIAL, CREMATION, 23b. LOCATION (City, NAME OF CEMETERIA OR CREMATORY (State) DATE THEREDE towayor county) REMOVAL (Specify) 25a. REC'D BY REGI 25b. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MAGILAND									
write RURAL and give necest town	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)								
Stevensville	Stevensville								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS o. IS RESIDENCE								
	ON A FARMS								
3. NAME OF First Middle	YES NO (1)								
DECEASED Onnelina	Sewell 4. DATE June Day Year 66								
(1798 or print)	DEATH 19								
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
$M = \begin{bmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{bmatrix}$	une 9-1884 Ses birthday) Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	4								
Farm Laborer	Maryland USA								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
James Sewell	Mary Saunders								
(Max. on the conditions) (Oz. on the conditions)	INFORMANT Address								
220-26-1243 ///	s. Daisy Sewell-Stevensville, Md.								
18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	f Prostate Metastases Syr.								
IMMEDIATE CAUSE (a) G Q TC INO 200 Q 8	1 1-02 rate Stieldziases she								
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	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)								
p.m. 19 at work at work									
21. I certify that (I) (this hospital) attended the deceased from 19.5/, 19, to June, 1966, that (I) (we) las									
	death occurred at 10AM, from the causes and on the date stated above.								
228. SIGNATURE	ATTENDING MED. STAFF 6/ 276. DATE SIGNED								
I wan D. How M	D. PHYS. DIRECTOR PHYS. D								
22c. PHYSICIAN'S NAME (Type) Invin G. Hout	22d. ADDRESS Queenstown, Maryland								
NAME (Type) SICVLIE Y. 1109C	queensione, margrana								
	An Cally 2009								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMO)(AL (Spacify)	C A								
Burial June 16 Wesley Churc	ch Yard Stevensville, Maryland								
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE								
Edgar di danol Church Hill	Md. JUN 2 1 1966 Clianles Judge								

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